

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-002126

AMENDED

Registration District No. 149Primary Registration District No. 1002Registrar's No. 284

STATE FILE NUMBER

FILED JAN 25 1962

1. PLACE OF DEATH

a. COUNTY

Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

Kansas City

Length of stay in lb

3 Wks

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

Woodland Rest Home

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)

a. STATE

Mo

b. COUNTY

Platte

Inside Limits

Yes ☐ No ☒

c. CITY

OR TOWN

Parkville

d. STREET ADDRESS

(If outside, give location)

R-3 - Bx 87

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

Arthur

Wallis

Whitton

DATE OF DEATH

Month

Day

Year

Jan.

13 -

1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒Never Married ☐Widowed ☐Divorced ☐

8. DATE OF BIRTH

9/18/1900

9. AGE (last birthday)

61

IF UNDER 1 YEAR

Months Days

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if changed)

Construction Worker

10b. KIND OF BUSINESS OR INDUSTRY

General

11. BIRTHPLACE (City and state or country)

Platte City Mo

12. CITIZEN OF WHAT COUNTRY

U. S.

13a. FATHER'S NAME

Robert Whitton

13b. MOTHER'S MAIDEN NAME

Sally Ann Wallis

14. NAME OF HUSBAND OR WIFE

Anna Francis Whitton

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Anna F Whitton

Address

R-3 - Bx 87

City

Parkville Mo

18. CAUSE OF DEATH (Enter only one cause per line for

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

Brain Tumor

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

a.m.

p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 12-2-61 to 1-4-62 and last saw him alive on 1-4-62Death occurred at 2:45 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.22a. SIGNATURE F. A. Pilaggi (Degree or title)

22b. ADDRESS

1806 Swift NHC

22c. DATE SIGNED

1-15-62

23a. BURIAL, CREMATION, or REMOVAL (Specify)

23b. DATE

Jan 17-1962

23c. NAME OF CEMETERY OR CREMATORY

Hampton Cemetery

23d. LOCATION (City, town, or county)

Parkville Mo

(State)

24. FUNERAL DIRECTOR

ADDRESS

Leland W Francis

Parkville Mo

25. DATE RECD. BY LOCAL REG.

1-16-62

26. REGISTRAR'S SIGNATURE

Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Leland H. Francis

Licensed Embalmer No. 3451

P. O. Address Parisville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.